| - :11 | in this information t | a idantifu yayır a | | | | | | | | | |
|--------------|---|--|--|--|--------------|-------|------------|-----------------|--------------|----------------------------------|----------|
| | in this information to btor 1 | Emanuel Sa | | | | | | | | | |
| | btor 2 buse, if filing) | | • | | | _ | | | | | |
| Uni | ited States Bankrup | tcy Court for the | : _EASTERN DISTRICT | OF PENNSYLVANI | A | | | | | | |
| Cas | se number 17- | 17733 | | | | | Ch | eck if this is | | | |
| (If kr | nown) | | | - | | | | An amende | ed filing | | |
| | | | | | | | | | | g postpetition ollowing date: | |
| <u>O</u> | fficial Form | <u> 1061</u> | | | | | | MM / DD/ Y | YYYY | | |
| S | chedule I: ` | Your Inc | ome | | | | | | | | 12/15 |
| atta | ch a separate shee | et to this form. | r spouse is not filing w On the top of any additi | | | | | | | | |
| ١. | information. | byment | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | ling spouse | |
| | If you have more | e page with | Employment status | ■ Employed | | | ☐ Employed | | | | |
| | attach a separate information about | | Employment status | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | | Occupation | Welder | | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Pemberton Fabricators Inc 30 Indel Ave Rancocas, NJ 08073 | | | | | | | |
| | Occupation may in or homemaker, if | | Employer's address | | | | | | | | |
| | | | How long employed t | here? 7 years | s | | | | | | |
| Par | rt 2: Give Det | tails About Mor | nthly Income | | | | | | | | |
| | imate monthly inco | | ate you file this form. If | you have nothing to | report for | any I | ine, w | rite \$0 in the | space. In | clude your noi | n-filing |
| | ou or your non-filing e space, attach a se | | ore than one employer, co | ombine the information | on for all e | emplo | yers f | or that perso | on on the li | nes below. If y | you need |
| | | | | | | | For D | Debtor 1 | | btor 2 or ng spouse | |
| 2. | | t monthly gross wages, salary, and commissions (beductions). If not paid monthly, calculate what the monthly | | | 2. | \$ | | 4,281.33 | \$ | N/A | |
| 3. | Estimate and list monthly overtime pay. | | | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line 2 + line 3. | | | | 4. | \$ | 4 | ,281.33 | \$ | N/A | |

| Deb | tor 1 | Emanuel Saopraseut | _ | C | Case | number (if | known) | 17-1 | 7733 | | |
|--|---|---|-------------|----------------|-------------|------------|-------------------|------------|------------|----------------|--|
| | | | | | For | Debtor 1 | | | Debtor | | |
| | Cor | by line 4 here | 4. | | \$ | 4 29 | 31.33 | nor | n-filing s | spouse N/A | |
| | COL | y line 4 here | ٦. | | Ψ_ | 4,20 | 11.33 | Ψ_ | | IN/A | <u>. </u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ì. | \$ | 73 | 34.11 | \$ | | N/A | L |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ | | 0.00 | \$_ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$ | | 0.00 | \$_ | | N/A | _ |
| | 5e. 5f. | Insurance Domestic support obligations | 5e 5f. | | \$ \$ | | 9.77 | * * | | N/A N/A | _ |
| | 51. 5g. | Union dues | 5i. | | \$ _ | | 0.00 | · \$_ | | N/A N/A | _ |
| | 5h. | Other deductions. Specify: | _ |). 1.+ | \$ — | | 0.00 | + \$- | | N/A | |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | * — \$ | | 3.88 | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | Ψ— \$ | | 7.45 | . Ψ_ \$ | | N/A | _ |
| | | • • • • | ٠. | | Ψ_ | 3,23 | 77.43 | Ψ_ | | IN/A | <u>.</u> |
| 8. | 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | | monthly net income. | 8a | | \$ | | 0.00 | \$ | | N/A | _ |
| | 8b. | Interest and dividends | 8b |). | \$ | | 0.00 | \$_ | | N/A | <u>.</u> |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | • | | | |
| | 0.1 | settlement, and property settlement. | 80 | | \$ | | 0.00 | \$_ | | N/A | _ |
| | 8d. 8e. | Unemployment compensation Social Security | 8d 8e | | \$ \$ | | 0.00 | * * | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive | OE | , . | Φ_ | | 0.00 | Φ_ | | N/A | <u>. </u> |
| | Oi. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | œ | | 0.00 | ¢ | | NI/A | |
| | 8g. | Specify: Pension or retirement income | _ 8f. 8g | | \$_ \$ | | 0.00 | \$_ \$ | | N/A N/A | _ |
| | 8h. | Other monthly income. Specify: | | | \$ _ | | 0.00 | · · · — | | N/A | _ |
| | | | | | | | 0.00 | | | | <u></u> |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | <u> </u> | | 0.00 | \$_ | | N/. | A |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 3,297.45 | ; + \$ | | N/A | = \$ | 3,297.45 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | 1 L | | | | |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | | | | | | . 12. | \$ | 3,297.45 | | |
| | | | | | | | | | ' | Combi month | ned ly income |
| 13. | | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | | | |
| | | Yes Explain: | | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2